(PLEASE COMPLETE THIS PAGE IF OTHER THAN DOMESTIC WASTEWATER IS DISCHARGED)

| Additive | Composition | Concentration (mg/ |
|----------|-------------|--------------------|
| * | | (4) |
| | p. | MEGEL |
| | | n APR 0 6 2 |

| XII EFFLUENT CHARACTERIS A. Indicate results of analysis for | nollutants listed below | | |
|---|-------------------------|-----------------|-------------------|
| POLLUTANT/PARAMETER | MAX DAILY VALUE | AVG DAILY VALUE | NUMBER OF SAMPLES |
| BOD₅ | 2 MG/L | | 1 |
| TOTAL SUSPENDED SOLIDS | 9 MG/L | | 1 |
| FECAL COLIFORM | 1 CFU/100ML | | 1 |
| TOTAL RESIDUAL CHLORINE | WAIVER REQUESTED | | 2 |
| OIL AND GREASE | < 5 MG/L | 2 | 1 |
| CHEMICAL OXYGEN DEMAND | WAIVER REQUESTED | | , |
| TOTAL ORGANIC CARBON | WAIVER REQUESTED | | |
| AMMONIA | 2.96 MG/L | | 1 |
| DISCHARGE FLOW | 0.004 MGD | | 1 |
| РН | 6.36 S.U. | | 1 |
| TEMPERATURE (WINTER) | N/A | ~ | |
| TEMPERATURE (SUMMER) | N/A | | \$ |

| B. Frequency and duration of flow: | 24/7 DAYS PER WK. ALL YEAR | |
|------------------------------------|----------------------------|--|

XIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

| NAME AND OFFICIAL TITLE (type or print): | TELEPHONE NUMBER (area code and number): |
|---|--|
| Chailes W Dawson, member Stones Throw ParkLLC | 270-313-7428 |
| SIGNATURE | DATE |
| Chilh | 2-18-09 |

| A. Number of bypass points: | | (If bypass points are indicated, information below must be completed for each bypass.) | | |
|--|----------------------|--|------------------------------|--|
| Check when bypass occurs: | | Wet Weather | Dry Weather | |
| Give the number of bypass incidents | | per year | per year | |
| Give average duration of bypass | hours | | hours | |
| Give average volume per incident | 1,000 gallons | | 1,000 gallons | |
| Give reason why bypass occurs: | | 1 | | |
| B. Number of Overflow Points: (If | discharge is from ar | overflow point, the information | on below must be completed.) | |
| Check when overflow occurs: | | Wet Weather | Dry Weather | |
| Give the number of overflow incidents: | | per year | per year | |
| Give average duration of overflow: | hours | | hours | |
| Give average volume per incident: | 1,000 gallons | | 1,000 gallons | |
| C. Number of seasonal discharge points | | | | |
| Give the number of times discharge occur | s per year | | | |
| Give the average volume per discharge occurrence | | (1,000 gallons) | | |
| Give the average duration of each discharge | | (days) | | |
| List month(s) when the discharge occurs | | | | |
| | | | | |
| X. AREA SERVED (see instructions) NAME | يدوب الدأسيسات | A CURVANA DO | | |
| STONE'S THROW MOBILE HOME PARK | | | OPULATION SERVED | |
| STONE S THOUN MODITE HOME | FARK | 40 PEOPLE | | |
| | | | | |
| TOTAL POPULATION SERVED | | 40 PEOPLE | | |